



# MEDI-CAL UPDATE

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[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

Pharmacy Bulletin 645

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## **Medi-Cal List of Contract Drugs**

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs*.

**Addition, effective January 1, 2007**

<b><u>Drug</u></b>	<b><u>Size and/or Strength</u></b>	<b><u>Billing Unit</u></b>
* LEVONORGESTREL Tablets	0.75 mg	ea
* Restricted to a maximum quantity of two tablets per dispensing with a maximum of six dispensings in any 12-month period for females 18 years of age and older.		

*Please see **Contract Drugs**, page 3*

## EDS/MEDI-CAL HOTLINES

Border Providers .....(916) 636-1200  
CDHS Medi-Cal Fraud Hotline .....1-800-822-6222  
Telephone Service Center (TSC) .....1-800-541-5555  
Provider Telecommunications Network (PTN).....1-800-786-4346

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*For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.*



**OPT OUT** is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt-out” of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), and click the “Learn how...” OPT OUT link on the right side of the home page.

## Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

### MEDI-CAL FRAUD

### IS AGAINST THE

### LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS  
EACH YEAR AND CAN ENDANGER  
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF  
BY REPORTING YOUR OBSERVATIONS TODAY.

**CDHS MEDI-CAL FRAUD HOTLINE**  
**1-800-822-6222**

**THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.**

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

## Contract Drugs (continued)

Changes, effective January 1, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* AMPHETAMINE, MIXED SALTS (AMPHETAMINE SULFATE, AMPHETAMINE ASPARTATE, DEXTROAMPHETAMINE SULFATE AND DEXTROAMPHETAMINE SACCHARATE) Tablets	5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg	ea ea ea ea ea ea ea
<del>(Labeler Code 54092 and 58521 [Shire US, Inc.] only.)</del>		
Capsules, extended release	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	ea ea ea ea ea ea
* Restricted to use in Attention Deficit Disorder individuals between 4 and 16 years of age.		
BRIMONIDINE TARTRATE Ophthalmic solution	0.15 % <u>0.1 %</u> 0.2 % *	cc <u>cc</u> cc
* <del>Prior authorization always required.</del> <b>Restricted to claims submitted with dates of service from October 1, 1997 through July 31, 2005.</b>		
GATIFLOXACIN Ophthalmic solution	<u>0.3 %</u>	cc
KETOROLAC TROMETHAMINE Ophthalmic solution	<u>0.4 %</u> 0.5 %	<u>cc</u> cc
TRAVOPROST Ophthalmic solution	0.004 %	2.5 cc 5.0 cc cc cc
<u>Ophthalmic solution with Sofzia preservative</u>	<u>0.004 %</u>	<u>2.5 cc</u> <u>5.0 cc</u> <u>cc</u> <u>cc</u>

Please see Contract Drugs, page 4

**Contract Drugs** (*continued*)**Change, effective March 1, 2007**

<b><u>Drug</u></b>	<b><u>Size and/or Strength</u></b>	<b><u>Billing Unit</u></b>
<b>CLARITHROMYCIN</b>		
* Tablets, extended release	200 mg	ea
<b><u>(NDC labeler code 00074 [Abbott Laboratories] for extended release tablets.)</u></b>		
* Tablets	250 mg	ea
	500 mg	ea
<b><u>* Restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, and in the treatment of active duodenal ulcer associated with Helicobacter pylori.</u></b>		
* Liquid	125 mg/5cc	cc
	250 mg/5cc	cc
<b><u>* Restricted to use in the prevention and treatment of infections caused by Mycobacterium organisms, and in the treatment of active duodenal ulcer associated with Helicobacter pylori <u>and restricted to NDC labeler code 00074 [Abbott Laboratories] for liquid.</u></u></b>		

*These updates are reflected on manual replacement pages drugs cdl p1a 8, 17 and 30 (Part 2), drugs cdl p1b 18 and 35 (Part 2), drugs cdl p1d 16 (Part 2) and drugs cdl p2 7 (Part 2).*

### Plan B Update

On August 26, 2006, the federal Food and Drug Administration (FDA) announced the approval of the emergency contraceptive drug Plan B as being over-the-counter (OTC) for women 18 years of age or older. Though the FDA has removed the prescription requirement as noted, access to Plan B as a covered drug through the fee-for-service Medi-Cal program will continue to require a prescription for all recipients due to restrictions in federal Medicaid drug coverage statutes (Social Security Act, Section 1927).

The federal Medicaid requirement for a prescription is met by a prescription generated by a pharmacist pursuant to standardized procedures or protocols developed by the pharmacist and an authorized prescriber, who is acting within his or her scope of practice, or the standardized procedures or protocols established by the California Board of Pharmacy pursuant to *Business and Professions Code* (B&P Code), Section 4052.

The statewide standardized protocol and information regarding the dispensing of emergency contraception under protocol can be obtained from the Board of Pharmacy Web site at: [www.pharmacy.ca.gov/consumers/emergency\\_cont.htm](http://www.pharmacy.ca.gov/consumers/emergency_cont.htm).

### Synagis Guidelines Revisions

In October 2006, the American Academy of Pediatrics published "Guidelines for Bronchiolitis," which revised the previous guidelines for Synagis. The updated information, effective immediately, is as follows.

#### Dosage

The Respiratory Syncytial Virus (RSV) season generally occurs during the months of November through March. The severity, onset, peak and end of season cannot be predicted accurately. In a typical season, children receive five monthly doses of Synagis, beginning early in November. For children meeting the guidelines, up to six doses may be authorized for use between October and the following May. Once a child qualifies for initiation of prophylaxis, administration should continue throughout the season and not stop at the point an infant reaches an age cutoff.

*Please see Synagis, page 5*

**Synagis** (*continued*)**Risk Categories**

It is important to protect babies at high risk, who fall into three major categories:

- Chronic lung disease and less than 24 months old at the start of the RSV season, especially those who have received oxygen or medications within six months of the start of the RSV season.
- Prematurity
  - Born at 28 weeks gestation or less, first RSV season, less than 12 months of age at the start of the season
  - Born between 29 and 32 weeks gestation, first RSV season, less than 6 months of age at the start of the season
  - Born at 32 – 35 weeks gestation, less than 6 months of age at the start of the season with two or more of the risk factors below:
    - ❖ child care attendance
    - ❖ school-aged children in the home
    - ❖ environmental air pollutants, including second-hand tobacco smoke
    - ❖ congenital abnormalities of the airways
    - ❖ severe neuromuscular disease
- Congenital heart disease and less than 24 months old at the start of the RSV season, especially those on medication for congestive heart failure, or those with pulmonary hypertension or cyanosis

Children with severe immune deficiency (for example, severe combined immunodeficiency, acquired immunodeficiency syndrome, transplant recipients or children immunocompromised due to chemotherapy) may need prophylaxis, including another season or more, up to 48 months of age at the start of RSV season.

*This information is reflected on manual replacement pages inject 9 and 10 (Part 2).*

**Medical Supply Invoice Requirements Change**

Effective for dates of service on or after January 1, 2007, the ship-to address or business Drug Enforcement Agency (DEA) number are no longer required on medical supply invoices.

*This information is reflected on manual replacement pages mc sup ex 6 and 8 (Part 2).*

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Remove and replace:

- drugs cdl p1a 7/8, 17/18, 29/30
- drugs cdl p1b 17/18, 35/36
- drugs cdl p1d 15/16
- drugs cdl p2 7/8
- inject 9 thru 12
- mc sup ex 5 thru 8